

**Note: Must attach proof of filing with the Arkansas Secretary of State showing the business entity has filed as a foreign Corporation or Limited Liability Company with the State of Arkansas.**

**PLEASE READ THE FOLLOWING VERY CAREFULLY AND YOU MUST ANSWER EVERY QUESTION.  
IF ANY OF THE QUESTIONS IS ANSWERED YES—YOU MUST ATTACH DOCUMENTATION.**

12. Has the business entity or any owner, partner, officer or director ever been convicted of, Or is the business entity or any owner, partner, officer or director currently charged with, Committing a crime, whether or not adjudication was withheld? Yes \_\_\_\_ No \_\_\_\_
13. Has the business entity or any owner, partner, officer or director ever been involved in an Administrative proceeding regarding any professional or occupational license? Yes \_\_\_\_ No \_\_\_\_
14. Has any demand been made or judgment rendered against the business entity or any owner, Partner, officer or director for overdue monies by an insurer, insured, or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_\_ No \_\_\_\_
15. Has the business entity or any owner, partner, office or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_\_ No \_\_\_\_
16. Is the business entity or any owner, partner, officer or director a party to, or ever been found Liable in any lawsuit or arbitration proceeding involving allegations of fraud, Misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_\_ No \_\_\_\_
17. Has the business entity or any owner, partner, officer, or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_\_ No \_\_\_\_

### **APPLICANTS CERTIFICATION AND ATTESTATION**

***The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty, that:***

All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.

The business entity grants permission to the Commissioner to verify any information supplied with any federal, state, or local government agency, current or former employer or insurance company.

Every owner, partner, officer or director of the business entity either (a) does not have a current child support obligation, or (b) has a child support obligation and is currently in compliance with that obligation.

I authorized the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

For Non-Resident license Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

**Must be signed by an officer, director, principal or partner of the business entity:**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title